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PTO/SB/05 (03-01)  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	9033
	First Inventor	Rafael Ortiz
	Assignee	The Procter & Gamble Company
	Title	Polymer Systems and Cleaning Compositions Comprising Same
	Express Mail Label No.	EV 195332913 US

22264 U.S. PTO  
10/661317  
09/12/03

<b>APPLICATION ELEMENTS</b> See MPEP Chapter 600 concerning utility patent application contents.	<b>Mail Stop Patent Application</b> <b>ADDRESS TO: Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification Total Pages [39] (preferred arrangement set forth below)</p> <ul style="list-style-type: none"><li>- Descriptive Title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R&amp;D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> <p>3. <input type="checkbox"/> Drawing(s) (35 USC §113) Total Sheets <input type="checkbox"/></p> <p>4. Oath or Declaration Total pages [4]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 complete)</p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTORS</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Application Data Sheet. See 37 CFR §1.76</p>	<p>6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> Paper</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p>
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<b>ACCOMPANYING APPLICATION PARTS</b>
<p>8. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449/SB08 Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>16. <input type="checkbox"/> Other: .....</p>

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. /

Prior application information: Examiner: \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b>		
<input checked="" type="checkbox"/> Customer Number	(Insert Customer No. here) 27752	

Name (Print/Type)	Laura R. Grunzinger	Registration No. (Attorney/Agent)	47,616
Signature		Date	September 12, 2003

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(Revised for P&G use 6/6/2003)



# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Compleat if Kn wn

Application Number

Confirmation Number

Filing Date

First Named Inventor

Rafael Ortiz

Examiner Name

Group/Art Unit

TOTAL AMOUNT OF PAYMENT (\$750.00)

Attorney Docket No.

9033

## METHOD OF PAYMENT (check one)

## FEE CALCULATION (continued)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter &amp; Gamble Company

- ☒ Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

## 3. ADDITIONAL FEES

Code	(\$)	Fee Description	Fee Paid
1051	130	Surcharge-late filing fee or oath	<input type="checkbox"/>
1052	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
1053	130	Non-English specification	<input type="checkbox"/>
1812	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
1804	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
1805	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
1251	110	Extension for reply within 1 <sup>st</sup> month	<input type="checkbox"/>
1252	410	Extension for reply within 2 <sup>nd</sup> month	<input type="checkbox"/>
1253	930	Extension for reply within 3 <sup>rd</sup> month	<input type="checkbox"/>
1254	1,450	Extension for reply within 4 <sup>th</sup> month	<input type="checkbox"/>
1255	1,970	Extension for reply within 5 <sup>th</sup> month	<input type="checkbox"/>
1401	320	Notice of Appeal	<input type="checkbox"/>
1402	320	Filing a brief in support of an appeal	<input type="checkbox"/>
1403	280	Request for oral hearing	<input type="checkbox"/>
1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
1452	110	Petition to revive - unavoidable	<input type="checkbox"/>
1453	1,300	Petition to revive - unintentional	<input type="checkbox"/>
1501	1,300	Utility issue fee (or reissue)	<input type="checkbox"/>
1502	470	Design issue fee	<input type="checkbox"/>
1460	130	Petitions to the Commissioner	<input type="checkbox"/>
1807	50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	<input type="checkbox"/>
1806	180	Submission of Information Disclosure Statement	<input type="checkbox"/>
1809	750	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
1810	750	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>
1801	750	Request for Continued Examination (RCE)	<input type="checkbox"/>
1802	900	Request for expedited examination of a design application	<input type="checkbox"/>
1454	1300	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
Other fee (specify) _____			<input type="checkbox"/>
Other fee (specify) _____			<input type="checkbox"/>

## FEE CALCULATION

## 1. BASIC FILING FEE - Large Entity

Code (\$)	Fee Description	Fee Paid
1001 750	Utility filing fee	[750]
1002 330	Design filing fee	<input type="checkbox"/>
1004 750	Reissue filing fee	<input type="checkbox"/>
1005 160	Provisional filing fee	<input type="checkbox"/>

SUBTOTAL (1) (\$)[750.00]

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity

		Extra Claims	Fee from Below	Fee Paid
Total Claims	[4] - 20** =	[0] x	<input type="checkbox"/>	= <input type="checkbox"/>

Independent Claims [1] - 3\*\* = [0] x ☐ =☐Multiple Dependent ☐ =☐

\*\* or number previously paid, if greater; For Reissues, see below

Code (\$)	Fee Description
1202 18	Claims in excess of 20
1201 84	Independent claims in excess of 3
1203 280	Multiple dependent claim, if not paid
1204 84	**Reissue independent claims over original patent
1205 18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$)[ ]

\* Reduced by Basic Filing Fee Paid SUBTOTAL(3) (\$)[ ]

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Laura R. Gruninger	Registration No.	47,616	Telephone	(513) 627-1888
Signature		Date	September 12, 2003		

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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